

ST. BARTHOLOMEW'S HOSPITAL JOURNAL



VOL. LXV

FEBRUARY 1961

No. 2

ST. BARTHOLOMEW'S HOSPITAL JOURNAL

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February, 1961

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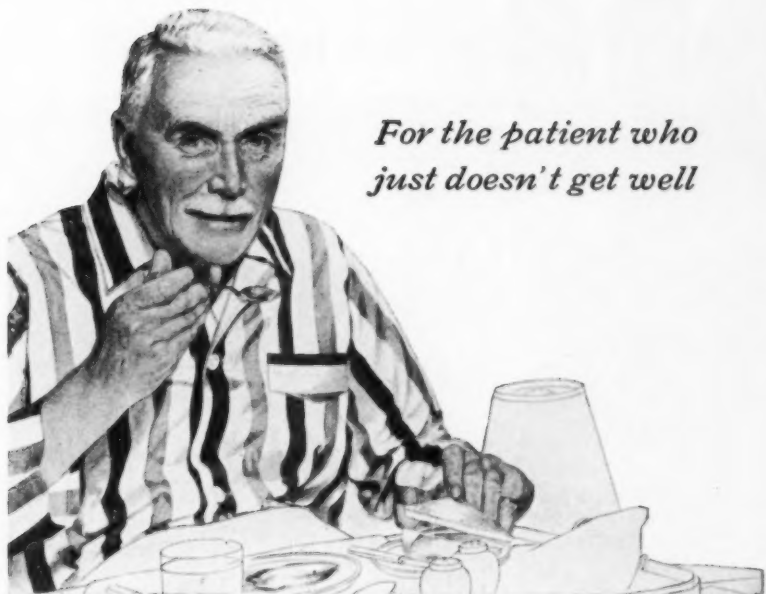
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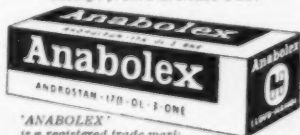
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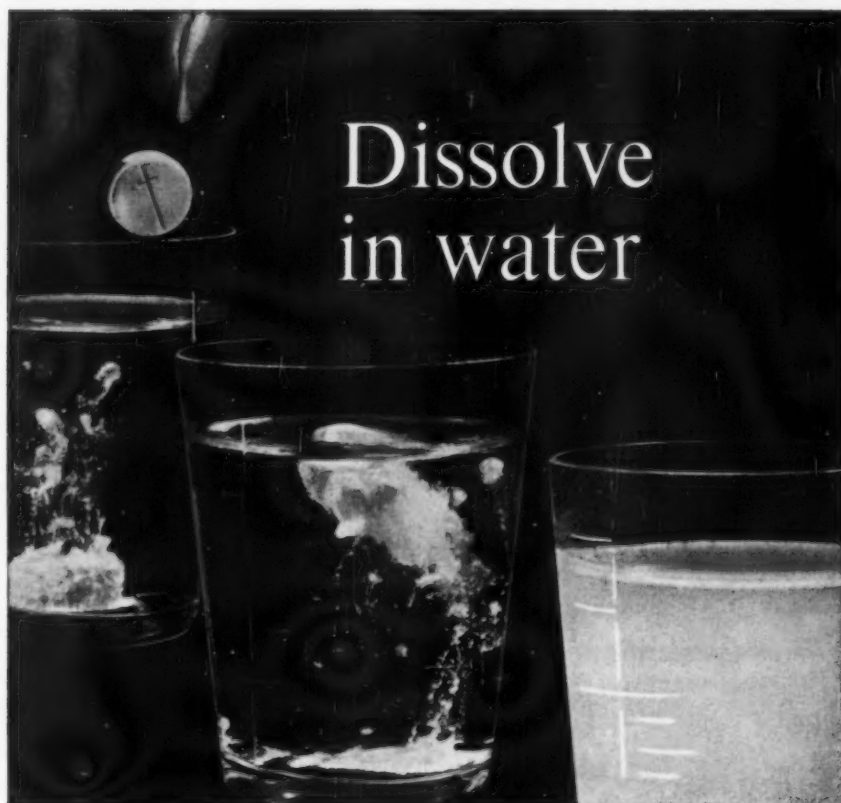


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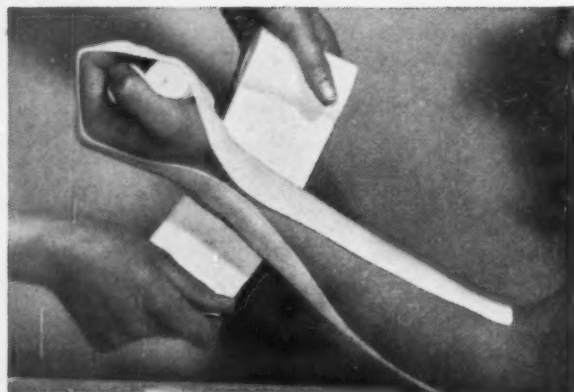


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ST. BARTHOLOMEW'S HOSPITAL JOURNAL



Vol. LXV, No. 2

FEBRUARY, 1961

Editorial

"This being so, the patient will appreciate the oncoming nausea and express vomitus to the exterior."

There are many of us guilty, at some time or other, of putting out answers to questions asked on the wards or in examinations, in this florid, pretentious and utterly undesirable manner, without perhaps realising the scorn and sometimes utter disregard with which they are treated.

Many previous pleas have passed unheeded and this over pedantic manner is still too commonly employed. The many and various committees, admittedly essential for the organisation of the student body of the Hospital, appear to be a productive breeding ground for this type of phraseology, and one's ears are only too often assailed by such words as "I feel it incumbent on me to interject at this juncture," and other abysmal examples.

Apart from being less time consuming and easier to write, plainer English conveys its meaning with a minimum of ambiguity. The longer and rarer words of the English lan-

guage, in the hands of the unskilled, are prostituted with monotonous regularity, sometimes being used with no relation to their true meaning and sometimes being subject to the most ludicrous malapropism. There are one or two amongst us who are able to employ these words to advantage and it is to these "Masters" that such words should be left, for, when all is taken into consideration, medicine is an exact and complicated science which demands clear and concise expression. That which is already somewhat murky should not be viewed through the tinted glasses of ambiguity.

We commiserate with the Hospital rugby XV who, after so long and gallant a fight, lost to Guys in the cup match. Rather less, however is our sympathy for those valiant warriors, who, armed with bags of flour and other impedimenta, waged war upon the field before and after the match. We strongly recommend these intrepid souls not to let their enthusiasm and zeal cloud their judgment, and to confine their attentions, if fight they must, to members of other hospitals. The Editor is still trying to remove Barts flour from his coat.

Fifty years ago

AN ARTICLE APPEARED in the February edition of the Journal of 1911, entitled "Psychological and Physiological Pre-suppositions of 'Mind' and its disorders," by Sir Robert Armstrong-Jones, F.R.C.S., F.R.C.P. Sir Robert, at the time, had recently been elected Lecturer on Mental Diseases in the Medical School, which appointment he held for fifteen years. During this period he held demonstrations for students in the wards and laboratory at Claybury, near Woodford, Essex, at which he was the medical superintendent. Claybury was the first new asylum of the first London County Council. Sir Robert had a remarkably distinguished career in the field of mental disease. He contributed no less than eight articles to the Journal, all on psychiatric subjects, between 1911 and 1929.

In this, his first article in the Journal, he welcomes the invitation to contribute, writing "how much satisfaction is afforded me as a lecturer to know that my efforts to make clear a subject so obscure, so debatable, and elusive as the study of mental diseases have met with the approval and appreciation of my audience." He continues by recalling his own difficulties as a student "and, indeed, oftentimes since, to apprehend the meaning of abstractions, to trace their various relations in mental experiences, and to understand the nature of such terms as 'perception' and 'ideation', to know the meaning of 'cognition', 'emotion'; of 'conation' and 'volition', terms which, although familiar, are used by mental experts with specialised meanings, and which when precisely understood lend a new interest and a new power to the student and the teacher."

Sir Robert continues by attempting to clarify his own conception of the term 'mind'. "It took a long time before I was able to throw off the quasi-philosophic attitude as to the nature and essence of mind, and only after considerable experience in the wards, in the laboratory, and in the post-mortem room was I able to look upon 'mind' as implying only states of consciousness dependent upon matter, and known exclusively through, and by means of matter." He goes on to distinguish between philosophy and psychology, and then having detached the metaphysical he develops the theme of the dependence of consciousness upon the nervous system, and the processes occurring within it. He illustrates this with a number of examples.

He concludes his argument by stating that "without a knowledge of psychology and of physiology in regard to the mind and the senses, the prevention of insanity is not possible, for we would be unable to teach the value of temperance, prudence, thrift and self-restraint; or the benefit of cleanliness, good habits, and regularity of conduct. Without such knowledge it would be impossible for us to understand the nature of mental alienation, which, as an illness, excites terror beyond all others. Again, it would be impossible without such knowledge to realise the nature of the classification of mental diseases, the extent, duration, or termination, omitting altogether any attempts at their proper and adequate treatment."

The paper ends on a rather more mundane note with an outline of the opportunities for specialising in Lunacy as a branch of general medicine, and a scale of remuneration thereunto. Sir Robert finishes: "The practice of men in this department is often very trying, and to many is actually repellent, but in order to be successful this work must be started early in professional life. It is a practice relating to the highest attribute of man, and the only attribute which distinguishes man from the animal, and which allies man to his Creator."

Calendar

FEBRUARY

- Sat. 18—On duty: Dr. G. W. Hayward
Mr. A. W. Badenoch
Mr. R. W. Ballantine
- Mon. 20—Film Society. "The Third Man."
Dramatic Society Main Production.
- Tue. 21—Dramatic Society Main Production.
- Sat. 25—On duty: Dr. E. R. Cullinan
Mr. E. G. Tuckwell
Mr. C. Langton Hewer

MARCH

- Fri. 3—Operatic Society—"H.M.S. Pinafore."
- Sat. 4—On duty: Medical and Surgical
Units. Mr. G. H. Ellis.
- Mon. 6—Film Society. "The Importance of being Earnest."
- Thu. 9—Abernethian Society. Dr. D. Stafford Clark—"Psychiatry and the Criminal."

The Abernethian Society

ON DECEMBER 1ST, 1960, Sir John Wolfenden, Kt., O.B.E., addressed the Society on "Crime and Sin". Sir John commenced with a description of the now famous committee of which he had been chairman. He emphasised that they had not been asked to comment on the moral implications of homosexuality or prostitution, but to investigate the relation between these practices and the law. It was a departmental committee and not a Royal Commission and hence detailed evidence of the witnesses did not have to be published. Although such a committee was smaller than a Royal Commission it had to contain lawyers from England and Scotland, theologians of various denominations, members of Parliament, both Commons and Lords, doctors and women. Some of these requirements could be met with in one person such doctors who were women or women who were doctors. Difficulties in definition were encountered as on the occasion when he asked Lord Goddard what sort of actions ought to be crimes. Lord Goddard was not prepared to answer the question in that form, but thought that no form of behaviour was in itself criminal. It only became criminal when it was a transgression of the law. Sir John said that in addition to this, there were actions that were morally reprehensible within the moral code prevalent in that society. Actions considered in the context of morality or criminality should not be placed in antithesis, only in disjunction. The most difficult question to answer was "how far should morality be enshrined in the criminal law?" There were four different types of extramarital relationships, fornication, adultery, homosexuality between consenting males and homosexuality between consenting females. In addition, there were various other *recherche* operations. Although all these would probably be considered morally reprehensible only one was criminal, i.e. male homosexuality.

It might be thought that adultery was potentially more socially destructive, but it was unlikely that it would be made a crime. In general, many sins were not crimes and vice versa and it was difficult for criminal law, which was in theory absolute, to replace moral law, some aspects of which were modified with each succeeding generation. Sir John thought that the less legislation there

was on matters of personal behaviour the better. Human behaviour was dependent on moral concepts and the exercise of these should be encouraged and not become the responsibility of the legislature.

We would like to offer our congratulations to Dr. C. H. Andrews, F.R.S., Deputy Director of the National Institute for Medical Research, a graduate of this Hospital, past President of the Abernethian Society (1921-2) and twice a speaker to the Society, on his award of a knighthood (K.C.V.O.).

11th Decennial Club

THE TWENTY-SIXTH ANNUAL DINNER of the 11th Decennial Club will be held at Simpson's-in-the-Strand, on Thursday, 20th April, 1961, at 7 for 7.30 p.m. Dr. Stanley Ward Barber, M.B.E., T.D., J.P., a general practitioner, will be in the Chair, and we are hoping for a good attendance. All Members now on the lists should be in possession of a list of names and addresses of those who have joined the Club, and it is suggested they go through these and try and stimulate their friends to come with them. A list of those who have since been added will be circularised next year.

For many years the Annual Dinner has been held on the third Friday after Easter, but it has long been realised that many general practitioners make Thursday their half day, and as an experiment we are trying this as the day of the Dinner this year.

The list of Members has recently been revised and made up-to-date, but if there is anyone who joined the Hospital between January 1st, 1915, and December 31st, 1925, and has since qualified, who does not get a notice and would like to join, will he please communicate with the Honorary Secretaries: F. C. W. Capps, 16 Park Square East, N.W.1, or M. L. Maley, 15 Victoria Avenue, Southend-on-Sea, Essex. The price of the Dinner will be 23s. to include tips but exclusive of wine.

POT POURRI — 1960

SOMEBODY HAD BLENDED astringent herbs into the sweet fragrance of Pot Pourri this year. The perfume which resulted was essentially "joie de vivre" plus a generous dollop of "My Sin"—and possibly a bit of beer too. In any event it was a best seller, a delightful concoction of the remains of the Ward Shows, put on by people, mostly quite untheatrical, but blessed with unbounded enthusiasm. It is this that makes Pot Pourri, as ever, easier to commend than to criticise and this year's show is in places hilariously funny, witty and slick and never dull.

The thankless job of uniting the severed members of the Ward Shows was well done by David Gibson, an amiable and successful Frankenstein. His use of the spotlight was generally most effective, though perhaps not ideally suited to some numbers. Backstage, the master, Bert, was tireless at making up, and put a good face on many of the cast. Before the curtain, the compères, those excellent sugar daddies, sweetened the audience, especially one, who farrowed a whole litter of splendid stories.

Now down to the shows. There was so much good here that I want to get some criticism of technique out of the way first. The management of a chorus is notoriously

difficult. The most effective and seemingly most spontaneous movements on stage are those which have been most carefully rehearsed. Sloppy jiggling around is out. To make a song successful, no matter how good the words and tune, the cast must look up, sing up to the front row of the balcony, and look cheerful. It's a sad song that comes from a row of stern, glum faces.

An obvious exception to these criticisms was the Outpatients Show. Here was enthusiasm, vitality and first rate production, a crop of good songs and real talent. An Oscar must go to Jillian Turner for her perfect performance of sweet innocence in "Johnny's got a Yo-Yo", another to Kerry Davies and his clarinet, while their version of "Nicotine and Alcohol" was put over by the cast as a good song should be. And, shucks goddam me, I mustn't forget those hips!

Another well produced show, the kids' suffered in the translation from ward to stage, which made some of the numbers and characters appear out of place. But of all the songs about Wolfenden Ladies this year, their "Curzon Street", well sung by Liz Knight as the main tart, was easily the best, perhaps because it so movingly caught the wistfulness of this unfortunate profession.



"Preparation"

From the Clerks and Dressers show, Patrick Kingsley's fine singing of "Waggon Train" proved that there is obviously a place in revue for serious songs, and there could well be more of them in Pot Pourri; even then, I would not for all the world have missed those inspired Porters in his other number.

Is it gynaecology or the gynaecologists that sharpen the wits of medical students? Which ever it may be, the Midder Show was far and away the cleverest show this year. Their lyrics, each one original, bristled with good invention and topicality. David Orrell and Pat Kielty put over difficult songs well. Chris Hood's splendid voice told us neither the Hospital, nor, my darlings, its leading lights, are sacred, whilst a most comely charwoman brought her welcome genius back for another farewell performance.

Perhaps this year's finalists thought it better not to risk comparison with the excellence of last years. Anyway they didn't even try.

And so to the House who, traditionally incapable of determining what six it prefers, treated the classics and consultants alike with scant respect. Assured that others would enjoy it as much as they evidently did, they romped through Shakespeare in glorious technicolor, using, of course, a quite un-



"Exultation"

bowdlerized edition. If Covent Garden does not go wild over their clever version of the Miserere, nor Stratford blench at such competition, the Cripplegate thought it fun, and that, I'm happy to say, goes for the whole of Pot Pourri 1960.



"Dissipation"

News in Brief

Mr. J. B. Hume, M.S., F.R.C.S., has been appointed an Associate Lecturer in the Department of Anatomy. During the many years that Mr. Hume has served the Medical College he has for two periods been in full charge of the Department of Anatomy and has always maintained his interest in the academic and practical aspects of this subject. Mr. Hume's vitality as a Teacher has been called upon by the College to help once again in this Department, and it is perhaps a sign of the increasing need of integration of pre-clinical and clinical teaching that this step has been taken. The presence of one who has so recently been Senior Surgeon to the Hospital in the dissecting rooms is a stimulus and a challenge welcomed by all.

Dr. R. A. Hunter has been appointed Assistant Physician to the Department of Psychological Medicine, National Hospital for Nervous Diseases, Queen Square.

View Day Ball 1961

The Students' Union annual View Day Ball is to be held this year at the Dorchester Hotel, Park Lane. The date of the Ball has been fixed for Thursday, June 1st, and it will commence at 9 p.m., lasting until 3 a.m.

As this year marks another milestone in the history of the Hospital, the organisers of the Ball hope that all associates of Barts, past and present, will make a special effort to be present on this occasion.

Table reservations with seating for 8, 10 and 12 only, must be made with applications for tickets. Double tickets, price £3 10s. will be limited and may be obtained from:

Guy T. Sharp,
Abernethian Room,
St. Bartholomew's Hospital,
E.C.1.

Cheques should be made payable to St. Bartholomew's Hospital Students' Union, and crossed "Ball A/C." Please mark envelopes "View Day Ball".

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HONOURS

The following honours were awarded in the New Year's Honours List:—

Dr. C. H. Andrews—Knighthood.
Mr. J. C. Hogg—C.V.O.
Professor C. H. Stuart-Harris—C.B.E.
Surg.-Lieut. J. S. P. Rawlins—O.B.E.
Dr. R. G. Gibson—O.B.E.

ROYAL COLLEGE OF SURGEONS. Mr. G. T. Hankey has been presented with the John Tomes Prize for the period 1957-9 for clinical research.

ENGAGEMENTS

ROSS—BRIGGS.—The engagement is announced between Alexander Patrick (Paddy) Ross and Anne Sinclair Briggs.

EMINSON—MACINTYRE.—The engagement is announced between Dr. B. Ian Eminson and Moira MacIntyre.

GOMPERTZ—WATERSTON.—The engagement is announced between Dr. R. Michael Gompertz and Jean M. Waterston.

LANGHAM—EDWARDS.—The engagement is announced between Dr. David Langham and Ann Valerie Edwards.

LEWIS—HALL.—The engagement is announced between John Michael Lewis and Jennifer Mary Hall.

SMYTH—HARKER.—The engagement is announced between Neil Wolsely Smyth and Jill Patricia Harker.

BIRTHS

BEASLEY.—On December 30th, to Valerie and Dr. Reginald Beasley, a son (Patrick Henry) brother for Penelope, Jane and Clare.

DUNKLEY.—On December 19th, to Susan and Dr. Alan Dunkley, a daughter (Sally Ann), a sister for Janet.

KIELTY.—On December 28th, to Patricia and Dr. Michael Kielty, a son (Stephen Peter), brother to Michael John.

MALTRY.—On October 31st, to Margaret, wife of Dr. John W. Maltby, a son (James), brother to Richard.

DEATHS

BRIGSTOCKE.—On December 24th, Dr. Percy Ward Brigstocke, O.B.E., aged 89. Qualified 1896.

GREY.—On December 12th, Sir H. Martin Grey, aged 77. Qualified 1908.

HARRISON-CRIPPS.—On December 13th, William Lawrence Harrison-Cripps, F.R.C.S., aged 82. Qualified 1903.

HOSKYN.—On December 17th, Dr. Charles Henry Hoskyn, O.B.E., aged 48. Qualified 1938.

PRIDHAM.—On December 23rd, Dr. H. Llewellyn Pridham, aged 67. Qualified 1918.

STRAUSS.—On January 11, Dr. Eric Benjamin Strauss, aged 66.

HOUSE APPOINTMENTS
1st January to 30th June, 1961

DR. E. R. CULLINAN

Dr. K. O. Black
Miss D. I. Vollum
B. R. Middleton

DR. A. W. SPENCE

Dr. N. C. Oswald
J. H. Pennington
T. W. Meade

DR. R. BODLEY SCOTT

Dr. W. E. Gibb
J. J. R. Almeyda
A. V. Watkins

DR. G. W. HAYWARD

Dr. H. W. Balme
J. H. Holland
B. N. Ballantine

DR. E. F. SCOWEN

Dr. A. G. Spencer
G. J. Halls
G. M. Besser

MR. C. NAUNTON MORGAN

Mr. D. F. Ellison Nash
J. R. Garnham
P. M. Ashby

MR. A. H. HUNT

Mr. J. O. Robinson
P. G. Cassell
D. Booth

MR. A. W. BADENOCH

Mr. Ian P. Todd
D. J. Peebles
J. Chapman

MR. E. G. TUCKWELL

Mr. M. A. Birnstingl
M. J. K. Hudson
J. E. Cawdery

PROF. G. W. TAYLOR

J. D. Scobie
P. C. Weaver

CASUALTY H.P.

J. H. J. Durston

CASUALTY H.S.

C. P. Juniper

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DR. C. F. HARRIS

Dr. A. W. Franklin
D. J. Tooby
J. Millward

E.N.T. DEPARTMENT

MR. CAPPS

Mr. Jory
Mr. Hogg
Mr. Cope
J. K. Bamford
D. F. Gibson

EYE DEPARTMENT

MR. H. B. STALLARD

Mr. J. H. Dobtree
A. M. Gould

GYNAE. & OBS. DEPT.

DR. JOHN BEATTIE

Dr. Donald Fraser
Dr. J. Howkins
K. R. Bowles } Interns
D. C. Lyon }
R. G. N. Thompson Junior H/S

DENTAL DEPARTMENT

MR. HANKEY

Mr. Cambrook
Mr. Cowan
Mr. Schofield
Miss B. Levison

ORTHOPAEDIC DEPARTMENT

(Fractures)

MR. H. JACKSON BURROWS

Mr. W. D. Coltart
Mr. J. N. Aston
P. Smith

HILL END HOSPITAL

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MR. CAPPS

Mr. Jory
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ORTHOPAEDIC DEPARTMENT

MR. H. JACKSON BURROWS

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THORACIC SURGERY**MR. O. S. TUBBS**Mr. I. M. Hill
J. M. H. Buckler
K. A. Walker**DEPARTMENT OF NEUROLOGICAL
SURGERY****MR. J. E. A. O'CONNELL**Mr. R. Campbell Connolly
Miss M. C. Goodchild
Mr. K. R. DurrantUniversity of London
Final M.B., B.S., Examination
October, 1960**Honours**Besser, G. M. (Distinguished in Medicine and
Surgery.)**Pass**

Andan, A.	Ashby, P. M.
Ballantine, B. N.	Berry, W. H. C.
Booth, D.	Chapman, J.
Craggs, J. C.	Davies, G.
Eddy, J. D.	England, R. W.
Garrod, J. A.	Geach, A. R.
Gould, W. A.	Harrison, R. I.
Hatch, J. D.	Holloway, A. M.
Horner, P. T.	Kilroy, A. W.
Kingsley, D. P. E.	Makin, E. J. B.
Martinez, G. S.	Milburn, F. A.
Morrison, J. D.	Noble, M. I. M.
Parker, J. B. R.	Priscott, R. B.
Robson, J. R.	Smith, P.
Stewart, A. F. S.	Thomson, R. G. N.
Tomkins, I.	Watkins, A. V.

Supplementary Pass List**Part I**

Alder, D. E.	Al-Khedheri, S.
Anthony, P. P.	Bartlett, J. J. D.
Bishop, M. B. J.	Bonn, A. J.
Bratton, L. W.	Childe, M. W.
Darmady, J. M.	Davies, J. D.
Davies, R. P.	Edmondson, R. S.
Evison, P. R. H.	France, R.
Gandy, R. H.	Gill, B. V.
Hall, J. M.	Herbert, D. C.
Janosi, M.	Kajtar, T.
King, D. E. L.	Knight, C. R.
Lines, A. J.	Macdonald, A., M.E.
Millington, M.	Padfield, A.
Shaw, A. B.	Shaw, B. N.
Telfer, A. C.	Theobald, G. M.
Therkildsen, L. K. H.	Thomas, L. R.
Thomson, W. H. F.	Visick, J. H.
Weeks, S. K.	

Part II

Darmady, J. M.	Davies, R. P.
Evison, P. R. H.	Gillespie, H. M.
King, D. E. L.	Thomas, B. O.
Thomas, L. R.	

Part IIIBartlett, J. J. D.
Brown, M. D.
Davies, R. P.
Khurshid, M. N.
Theobald, G. M.
Thomas, L. R.Beardwell, C. G.
Chawner, J. M.
Gillespie, H. M.
Smith, C. R.
Thomas, B. O.**Part IV**Beardwell, C. G.
Chawner, J. M.
Davies, R. R.
Gillespie, H. M.
Smith, C. R.Brown, M. D.
Darmady, J. M.
Evison, P. R. H.
King, D. E. L.**M.D. Examination**November 1960
Hibbard, B. M.**M.D. Examination**December 1960
Moffat, D. B.**M.S. Examination**December 1960
Rothnie, N. G.University of Oxford
Final B.M. Examination
Michaelmas, 1960**Pass**

Busfield, H. M. B.	Cawdery, J. E.
Meade, T. W.	Millward, J.
Waring, A. M.	

Supplementary Pass List**Medicine****Surgery****Midwifery**

Stephan, J. C.

Conjoint Board
Final Examination
October, 1960**Pathology**

Harrison, R. I.	Chawner, J. M.
Davies, R. P.	Thomas, B. O.
Janosi, M.	Knight, C. R.
Macdonald, A., M.E.	Anthony, P. P.
Bonn, J. A.	Davies, J. D.

Medicine

Robson, J. R.	Hare, B. W. E.
Durston, J. H. J.	Harrison, R. I.
Lines, A. J.	

Surgery

Robson, J. R.	Milburn, F. A.
Harrison, R. I.	Evison, P. R. H.
Andan, A.	

Midwifery

Durston, J. H. J.	Harrison, R. I.
Evison, P. R. H.	Mackenzie Ross, R. K.

SOME OPHTHALMIC EMERGENCIES IN A RURAL AREA

By A. Ross Wear—Consultant Ophthalmic Surgeon, Cumberland Infirmary, Carlisle.

A MIDDLE-AGED LADY was sitting in the stern of a small rowing boat while her husband fished for trout from the boat. During one of his casts, the fly became hooked in her right cornea half lifting her from the thwart and causing both her and the fisherman considerable distress. The cornea was not perforated, but the barb of the hook had emerged again after going through the cornea so the local doctor was unable to remove it and neither was the Casualty Officer at Dumfries Infirmary thirty miles away. Five hours after the accident the Greenwell's Glory was removed at Carlisle by cutting the shaft with pliers; the cornea healed rapidly and her sight returned to normal.

A not unusual corneal foreign body during harvesting times is half a husk of corn held in place by the vacuum between its concave surface and the corneal epithelium. The slightly yellow colour of the husk gives it the appearance of a corneal ulcer, so that it is usually treated with a variety of antibiotic drops and ointments for a week or two before arriving at the Out-patient Department. A spud inserted under the edge of the husk to break the vacuum makes removal easy.

Motor cycling on a summer evening without goggles may lead to a similar accident when a winged insect strikes the cornea. Part or the whole of a wing may stick to the cornea by suction, and, being transparent, is

difficult to see and often remains there for some weeks.

Perforating corneal injuries from hawthorn bushes during hedging operations are fairly common in an agricultural area and there is a strong case for the use of protective goggles when hedging; four such cases have been treated at the Cumberland Infirmary during the past twelve months and there must be many corneal abrasions which are not seen at the hospital.

The horns of a cow are about on a level with the average man's orbit and injuries produced by them are usually severe and many lead to loss of the eye; the tip of the horn seems to slide along the face and then catch in the orbit crushing the eyeball against the bone. I consider the cow to be a most dangerous animal as when alarmed it jerks its head about suddenly and violently.

I shall never chop sticks for firewood as I have seen dozens of eyes lost, or severely damaged, from this cause.

The most dangerous child's toy is undoubtedly the bow and arrow.

A man came to see me the other day with a perforating injury of the sclera and told me that he had been hit by a pig weighing machine, possibly in revenge for all the pigs he had weighed on it!

I hope that this short account of some of the hazards of country life may be of interest to those of you who practice medicine in the Cities.

HISTORICAL DIAGNOSIS

By A. M. Ward

ON JULY 8TH, 1497, Vasca da Gama left the Tagus on the first voyage by Europeans to India. He returned in August, 1498 with only 55 survivors out of his original complement of 160 soldiers and sailors. The majority of those that failed to return succumbed to the disease that de Camoens described in the fifth canto of "The Lusiad".

"A dread disease its rankling horrors spread,
And death's dire ravage through mine army spread.
Never mine eyes such dreary sight beheld,
Ghastly the mouth and gums enormous swell'd,
And instant, putrid like a dead man's wound,
Poisoned with fetid stream the air around.
No sage physician's ever watchful zeal,
No skilful surgeon's gentle hand to heal
Were found: each dreary mournful hour we gave
Some brave companion to a foreign grave."

THE DEAN REPORTS AGAIN

A YEAR HAS elapsed and many hours of committee work have gone into the planning of the College's future programme. The University Grants' Committee, represented by its Medical Sub-Committee, inspected the College and Hospital in April. The report of that Committee is confidential, but when at the end of a somewhat strenuous day the Chairman, Sir Keith Murray, summed up the visitors' conclusions to a delegation from the College Council, it seemed clear that even that august body whose duty it is to inspect, criticise and make suggestions had found quite a number of things taking place in the College which showed that at least the flag was still flying. The College's Annual Report is published here again, but this can give little idea of the progress that has been made.

The whole of the pre-clinical entry of the Royal Dental Hospital is now at Bart's, and all is well. There are many regrets that it has not been possible to incorporate all these students in the full athletic activities of the College, but it is understandable that the R.D.H. should wish to maintain their own teams as they have an athletic ground at Colindale. In October next, first year students from the London Hospital Medical College who hitherto have attended at Queen Mary College will also be joining Bart's pre-medical departments. Incidentally in his farewell address, delivered to the new student entry on September 30th, Sir James Paterson Ross claimed that historically "Bart's" meant the College, and the term should not be used to describe the Hospital. He deeply deplored the corrupt abbreviation "St. Bart's"!

By the time this report is printed, work may have started on the new library block at Charterhouse Square. This will provide also for the new Department of Medical Radiobiology under the direction of a professor, yet to be appointed, and one floor will be occupied by the Medical Research Council's Air Hygiene Unit, under Dr. Lawther. It is good that a permanent home is being provided for this unit which has developed at Bart's.

In October 1960, 2nd M.B. entry will not be taking pharmacology at the end of their five terms, but will embark on the new curriculum. This will include an intermediate appointment covering pharmacology and pathology and the present content of the Introductory Course. Other interesting alterations in the clinical curriculum are under discussion and already it is possible for students who elect to do so to spend an additional fortnight in a Regional Hospital during the revision period, at Harold Wood, Whipps Cross or the North Middlesex.

The more exciting project is the construction of a further block of buildings on the Clerkenwell Road frontage to include a Psychiatric Day Hospital with an academic Department of Psychiatry forming part of a comprehensive centre for the study of community care. It has in the past always been assumed that the student's undergraduate education could be completed within an adequate teaching hospital. The College Committee never felt convinced that the attachment of students to General Practitioners for two weeks was really justified or contributed very much to their education. Nevertheless, with the greater emphasis now falling on community care both in the field of therapy and preventive medicine, it is essential that there shall be provision both for teaching and research in these subjects. Preliminary discussions have taken place with the Board of Governors of the Hospital, the medical department of the London County Council, the North East Metropolitan Regional Hospital Board and the City and Port of London Health Committee. All reactions have been favourable, and it is my great hope that this pioneer experiment will in fact materialise. Only by having direct access to the medical facilities of the community outside the Hospital Service can the College devise a practical and comprehensive programme of instruction in environmental medicine.

Some may wonder how time can be found for this additional subject, but with the return of the special departments from Hill End (long overdue, frequently delayed and still in gestation) special department teaching will be combined with the present clerkships and dresserships. An attempt is also being made to re-arrange these appointments so that students can work both in the

Outpatient Department and in the wards during the same appointment. Before the introduction of the N.H.S. almost all teaching rounds took place in the afternoons. All dressers and clerks were therefore free to attend outpatient clinics in the mornings. However, with the increased commitments of hospital consultant staff whose appointments elsewhere have to be fitted in with their colleagues' clinics in the smaller hospitals, things have changed insidiously so that many teaching rounds now take place in the mornings. Even a medical student cannot be in two places at once (though from time immemorial, records have shown that this has in fact been achieved!). We must never lose sight of the fact that the curriculum is only a preparation for a lifelong process of continuous education. The examination of patients is taught with observation training in view: general principles can be learnt just as well from the rare as from the common-place illness and for those outside to criticise the teaching hospitals for their "exotic" collection of clinical material is as unfair and stupid as it would be for us to prepare our students solely for dealing with the obvious and commonplace.

To encourage "lodging-out students" to remain in the College after normal (*sic*) working hours, and to provide the opportunity for increased corporate life in the College, the hospital library is now open in the evenings and the refectory is producing cut price suppers. There is of course a good deal of clinical activity in the evenings and it may prove possible to open the museum also. (Perhaps we should adopt the Public School technique of recreation every afternoon and work after supper.)

On June 10th and 11th extensive displays of student work and research were organised in the departments at Charterhouse Square. On the Friday afternoon, the College was at home to the parents of pre-clinical students, but less than 50 students desired their parents to be invited. (The aetiology of this filial reticence has not been worked out.) An all day Saturday meeting for old Bart's men was arranged with clinical demonstrations and ward rounds in the afternoon. Over 70 attended and many people afterwards asked why they had not been invited. The announcement was made in the Bart's Journal and invitation forms with programmes were circulated with the Journal. It appears, however, that very few Bart's men take the Journal and many of those don't read it! This all goes to show that if you are about to qualify you would do well to place an order now because you are sure to forget when you leave. The secretaries of decennial clubs tell me they have terrible difficulty in extracting replies from their members. It was, however, a great delight to see these Bart's men (many of whom had been absent for up to 20 years) viewing with amazement the preclinical departments and once again the rich tradition of the Hospital. We hope shortly to organise regular programmes of postgraduate training for our old students, if only they will keep in touch with us so that we have their names and addresses.

We are no further towards the construction of the new block for student amenities at Charterhouse Square and in common with the Ministry of Transport we face a major difficulty of car parking. However, plans are completed for an addition to College Hall to house another 60 students. Lacking the resources of a big business combine the College has to wait its turn in the queue of the many who depend on the totally inadequate finances of the University Grants' Committee.

Britain has a Health Service of which she can be rightly proud. Bart's is but one of the many Medical Schools who have sought to produce doctors willing and able to maintain the high traditions of British medicine, but the Willink Committee misjudged the requirements, and the output of the Medical Schools is now inadequate. Though our pre-clinical school could be expanded still further the clinical entry cannot be increased without additions to the hospital facilities. There is therefore no room for passengers and the capacity of our graduates must be very high in intellect and industry! Sometimes we are told that we are living in the past; we are proud of the past and we will be even more proud of the future, but the present is nothing to be ashamed of. Bart's men are still in demand. We have more enquiries for prospective partners and assistants in practice than we have graduates seeking an opening. Conscription has ended and continuity in postgraduate training may help to keep the Mother Hospital in touch with her brood.

AMERICAN VISIT

By Donald Crowther

I HAVE RECENTLY returned from Houston, Texas, where I spent a year in research on virology. A number of research fellowships are offered by many American universities each year to foreign students and scholarships may be obtained from various organisations such as the Fulbright Foundation. We found that so many of our expectations about America were not realised, and living there for a while proved to be a fascinating experience. I would like to describe some of the differences of living in America, with which I came in contact, and which I found most alien to the English way of life. One example of these differences is the medical training as I found it at Baylor University in Houston.

A pre-medical training at a university is required before an American student can enter a medical school. This training is divided into three parts; namely, chemistry, biology and literature courses. The chemistry course involves a year of elementary chemistry, one year of quantitative analysis and a third year of organic chemistry. Biology is a two year course involving general biology and comparative anatomy. Most students take a Bachelor's degree in a subject of their choice such as English, History or Chemistry. The standard of these courses appears to be approximately that of a good A or AS level G.C.E.

The medical school curriculum consists of four years study at Baylor. This study is usually begun at the age of 21 or 22 upon completion of the pre-medical training. In the first year the main courses are Anatomy, Biochemistry and Physiology; Neuroanatomy, Histology and some Psychiatry are included. The Anatomy consists of two periods of four hours each week for eight months, the Biochemistry, of three lectures per week and two three-hour laboratory periods, and Physiology of about 10 hours per week for eight months. Pathology, Microbiology and Pharmacology are the three main subjects studied in the second year, and in addition to these, substantial lecture time and a considerable amount of laboratory time is spent in the study of physical diagnosis, introductory medicine and laboratory diagnostic methods. During the year I was in Texas, the Virology department was concerned with

the organisation of a course in virology for the students. About a dozen or so lectures were given on topics ranging from the epidemiology of diseases such as poliomyelitis, acute respiratory diseases of viral aetiology and arthropod-borne virus disease, to the elementary biophysical properties of the viruses concerned and laboratory diagnostic procedures. The year before I arrived, students were given virulent polio virus with which to do their antibody neutralisation tests; however, it was noticed that one or two students received a mouthful of the fluid when pipetting the virus, so last year they were given attenuated polio viruses. I started my research work in the laboratory with no little trepidation when I heard that some of the viruses with which we were dealing had caused epidemics amongst four-times Salk vaccinated children. However, there have been very few accidental laboratory infections with polio virus. This is in contrast to certain other viruses, as many research workers using Arbor viruses have found to their cost.

In addition, during the first two years of the medical course, students are required to do some sort of research project. Two afternoons a week for most of each year are set aside for such a project. A bright student with a productive research programme may be allowed to publish a paper at the end of this period and such a project can be of great value to a medical student.

The last two years are very similar to our own and mostly spent in the clinics with an average of one hour's lecture per day. Some courses have almost no lectures during the last year.

It is clear from these remarks about the medical training that there must be many differences between the American and English educational systems. While in England we distinguish between different levels of intelligence from one school to another and within schools, there is no selection of this kind in America. We start specialising in a narrow range of subjects when comparatively young; in America the university student is still tackling at least twice as many subjects. These differences, together with the fact that there are few entrance requirements at most colleges and universities, means that there is



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REFERENCES

Practitioner, 1959, 183, 57.
J. clin. exp. Psychopath., 1959, 20, 243.
J. Coll. gen. Pract., 1958, 1, 398.
Brit. med. J., 1959, 2, 635.
Med. Wld. (Lond.), 1960, 93, 26.
Brit. J. Pharmacol., 1960, 15, 111.

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in America a much greater range of standards amongst university students than there is in England. Although the purpose of this system seems to be to provide a university level education for everyone, there is, as yet, no system of providing financial support to the student, and university fees are quite considerable.

Houston is reputed to be the most rapidly expanding large town in the world. There is a large port and a great deal of money to be made in natural gas and oil. Consequently, there are many very rich people in Houston. One—a Mr. Cullen—stood up at a University of Houston banquet and announced that he was giving the University \$80,000,000 worth of property and money. He gave Baylor Medical school at least a million dollars towards the cost of its present building and continued to support the medical school strongly until his death. He was a very spontaneous philanthropist; for example he became so excited when the University of Houston beat Baylor University once, in a football game, that he gave the winners \$175,000 and the losers \$125,000.

My research projects in Houston did not involve any clinical work; however, I did spend one or two evenings in the casualty department of a big charity hospital—Jefferson Davis Hospital. In 1960 there were about 14,000 in-patient admissions, 5,000 patients were seen each month in the Emergency Room, 500 babies are delivered each month and in all about 80,000 clinic patients were seen over the past 12 months. Considering the above and the fact that Houston has been among the top three candidates for the title of murder capital of the States for several years now, one can well imagine the end of week rush for treatment. Houston is sufficiently far south to have numerous patients suffering from the various parasitic infestations endemic in the area and I need only say that any student looking for experience need look no further.

Medical students in Houston are wealthy compared with students in England. Many are married with a pleasant modern house and one or two cars. Their income is usually derived from a working wife or parents. Some work for money, although this is usually a last resort. A friend of mine, a medical student in his last year at Baylor, is spending Christmas partly in Miami, Florida, and partly in Los Angeles, California. He is hoping to do his internship in

either Miami or Los Angeles and will no doubt visit the hospitals of his choice during the vacation. It is possible for British medical students to do a rotating internship in a hospital in the States. This involves a series of specialties lasting three months each, such as medicine, surgery, paediatrics and obstetrics. It is equivalent to a house post in England.

Some hospitals in Houston have extremely modern buildings and one, Texas Children's Hospital, built in 1954 was awarded a prize for the pleasing nature of its architectural design.

In this hospital, the mother may live in with the child. Many of the rooms contain only one child, some two, and a few four children. The rooms are spacious and have large windows and the atmosphere of a luxury flat rather than a hospital ward. One floor of the hospital is reserved for patients requiring isolation and "barrier nursing" and each patient has a separate room on this floor. It is so expensive to stay at Texas Children's Hospital that most parents pay only a part of the fees, the rest being provided by charity. There is a large volunteer nursing and catering staff, as well as the State Registered Nurses. In Houston, doctors' fees are exorbitant, a doctor with a reasonable practice can earn over \$50,000 per annum. Insurance policies never cover the complete cost of treatment and the middle class is most affected, particularly the elderly, when a prolonged ailment with numerous visits to the doctor may spell financial ruin. It is, perhaps, not surprising that many of the doctors' bills remain unpaid. Since patients pay so much directly for their treatment, they are more ready to sue than they are in England if a mistake is made. Ambulance cars are privately owned and most drivers make it a rule not to give any treatment to a patient for fear that they may be sued successfully for causing grievous bodily harm. This dreadful state of affairs has reached such a pitch in Houston that many a would-be Samaritan has thought twice about tying a ligature round a profusely bleeding leg. It must not be thought, however, that the people in Houston lack medical knowledge. Advertisements such as "Buy your insulin here—Special" keep the layman primed with the problems of our time. There are many appeals for comparatively uncommon diseases such as "Give for Muscular Dystrophy". One frequently meets people who,

although having had no formal medical training, know something more about muscular dystrophy than the name. In America as in this country, all too frequently funds are raised for a lost cause or a cause which has too much money already, and the money is tied up and cannot be used for a more needy cause: I would not like to suggest, however, that a system similar to our own National Health Service should be introduced into America because the problems in many instances are very different. A scheme such as ours would be disastrous for the doctors' \$50,000 per annum income. It is not surprising that a spokesman for the American Medical Association has said that should Mr. Kennedy attempt to bring such a system into force, the A.M.A. would raise its mighty strength to crush the proposal.

For the last five months of our stay my wife worked as the secretary to a clinical psychologist. The fact that there seems to be no equivalent over here to the American psychological clinic may sound like a good thing, so I shall explain briefly how a clinical psychologist practices. Usually he works with a psychiatrist and handles the testing of new patients, while the psychiatrist is responsible for the treatment. However, the doctor for whom my wife worked (he was a Ph.D. not an M.D.) was responsible for the testing, diagnosis and treatment of the majority of the patients. There were about 20 to 30 patients and many of these were children or adolescents whose problems were connected with school work. There was at the clinic a full-time tutor for general subjects and a number of part-time specialist tutors, including a dance therapist. The work was thus divided between two psychologists, three or four tutors and the secretary (the latter handling much of the testing). Frequently a patient was referred to a medical doctor and to a neurologist for physical examinations, sometimes drugs were prescribed by either of these

or by a psychiatrist, and occasionally a patient was referred to the psychiatrist for treatment. There was a very sociable relationship among the psychologists, tutors and patients and I felt that only a part of the treatment was undertaken in the consulting rooms. Although I had felt somewhat sceptical about such a clinic doing any positive good, after becoming more familiar with this particular one I felt it was definitely of some benefit to the patients.

In July, a month before our date of sailing for home, we left Houston in our car (bought for £90) to see more of the States, particularly the West. From Houston, on the Gulf Coast, we went as far west as San Francisco, as far north as the Canadian border and east to Boston. We travelled about 9,000 miles through 20 states before reaching New York. A day or two was spent in most of the well-known National Parks such as the Grand Canyon, Yellowstone and Yosemite, and in many less famous ones—Bryce Canyon in Utah and Grand Teton in Wyoming, to mention two that particularly impressed us. We camped in about 12 parks in all, and have a very high opinion of the National Park Service. Owing to the vast size of the Parks—Yellowstone covers approximately 3,000 square miles!—one's visit is not spoilt by there being so many other visitors. There seems to be every type of scenery one can imagine in America, but the distances are so vast that one has to limit one's travelling.

To the visitor from Britain, I feel sure that the South-western states—Utah, Arizona, New Mexico, Nevada—are the most interesting and exciting, the endless deserts and canyons and fantastic rock formations being so totally different from anything in Europe. We were able to save sufficient money to spend about five weeks on the journey and this made a fascinating end to a visit which had proved so interesting and informative.

MEDICAL SUMMER SCHOOL IN SCANDINAVIA

By P. J. Watkins

THE MEDICAL SUMMER SCHOOL IN Scandinavia has been a remarkable experience. Arranged by Scandinavian Medical students for thirty of their foreign colleagues (of twelve nationalities) it took place at Aarhus, Oslo, Gothenburg and finally at

Copenhagen, at which orthopaedics, cardiology, traumatic medicine and social medicine were studied respectively. This very varied and interesting course took the form of lectures and lecture-demonstrations, as well as ward rounds and many visits to places of

medical interest ranging from the remains of a 13th century monastic hospital to the World Health Organisation in Copenhagen, and of course the Carlsberg brewery.

The orthopaedic lecture-demonstrations of Professor Thomasen in Aarhus were a masterly exposition of instruction by combining the lecture with clinical demonstrations and the projection of slides and films, i.e. the use of all the so-called "audio-visual aids". At Gothenburg, we had the privilege of studying in the new and magnificent Sahlgrenska Hospital (for over 2,000 patients, completed in 1958) which demonstrated a myriad of new ideas in hospital design and apparatus, from the very simplest dispensers of elastoplast and paper mugs, to the complexity of electrically operated doors and a fully intercommunicating pneumatic tube system for messages and specimens, and a radiological department whose automatization is beyond belief. In this exciting atmosphere, Professor Moberg (whose chair is of "Extremity Surgery" and really a joint one of orthopaedics and plastic surgery) showed us some of his fascinating work on the restoration of function after injury, particularly of the hands.

At least as valuable as the directly medical aspects of the trip were the numerous, indeed continuous opportunities to meet students and doctors of different nations. At the many receptions we had these opportunities—at dinner and dances, over cray-fish in Gothenburg, and at the homes of General

Practitioners in Aarhus—a multitude of opportunities to enquire about the practice of medicine and the systems of medical education. Above all, one was impressed by the freedom of the Scandinavian students to study different subjects in different Universities, and to take locums and clerkships at times and in places which they feel will be most valuable to them. Another feature of great interest was the way in which administration of the Swedish courses is by student committees which are also in a position to discuss and suggest improvements for their courses with a committee consisting of the Dean and other teachers—a co-ordination between students and teachers here, which is sadly deficient at home.

The farewell celebration was aboard ship, the *Oresund*; and now three weeks in Scandinavia have become a memory of the past—of the fairy-tale islands of the Gothenburg archipelago, of the vast whaling factories of Sandefjord, of the magnificence of thousand-year-old Viking ships of the Oslo Fjord. Our great regret is that we cannot return such hospitality even by offering these students clerkships in our teaching hospitals (as they do to our students)—an opportunity they eagerly await. Surely it would be no great hardship for each such hospital to offer one student a place for one month each year. Such a move would inevitably foster friendships with our colleagues in other countries in the study of medicine, which knows no boundaries.

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founded the society four years previously was one of the six presidents. Meetings were held every Tuesday from 8 to 10 o'clock, excluding vacation periods, and papers were presented by the elected members of the society based mainly on cases seen at the Hospital and one of these of particular interest is reported in detail elsewhere in this journal. The Society only admitted a limited number of members who had to be proposed and seconded by members of the society and could then be elected. They were then entitled to attend the meetings, vote in elections and use the library which was at

although having had no formal medical training, know something more about muscular dystrophy than the name. In America as in this country, all too frequently funds are raised for a lost cause or a cause which has too much money already, and the money is tied up and cannot be used for a more needy cause: I would not like to suggest, however, that a system similar to our own National Health Service should be introduced into America because the problems in many instances are very different. A scheme such as ours would be disastrous for the doctors' \$50,000 per annum income. It is not surprising that a spokesman for the American Medical Association has said that should Mr. Kennedy attempt to bring such a system into force, the A.M.A. would raise its mighty strength to crush the proposal.

For the last five months of our stay my wife worked as the secretary to a clinical psychologist. The fact that there seems to be no equivalent over here to the American psychological clinic may sound like a good thing, so I shall explain briefly how a clinical psychologist practices. Usually he works with a psychiatrist and handles the testing of new patients, while the psychiatrist is responsible for the treatment. However, the doctor for whom my wife worked (he was a Ph.D. not an M.D.) was responsible for the testing, diagnosis and treatment of the majority of the patients. There were about 20 to 30 patients and many of these were children or adolescents whose problems were connected with school work. There was at the clinic a full-time tutor for general subjects and a number of part-time specialist tutors, including a dance therapist. The work was thus divided between two psychologists, three or four tutors and the secretary (the latter handling much of the testing). Frequently a patient was referred to a medical doctor and to a neurologist for physical examinations, sometimes drugs were prescribed by either of these

or by a psychiatrist, and occasionally a patient was referred to the psychiatrist for treatment. There was a very sociable relationship among the psychologists, tutors and patients and I felt that only a part of the treatment was undertaken in the consulting rooms. Although I had felt somewhat sceptical about such a clinic doing any positive good, after becoming more familiar with this particular one I felt it was definitely of some benefit to the patients.

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that time being founded by John Abernethy. The administration of the library seems to have caused the committee considerable difficulty. On December 9th, 1800, Mr. Brickwell rose to complain of the conduct of the librarian, an honorary post, held by a member of the committee, at that time Mr. Haslam. He said that instead of the Society's books being in the library, they were on the shelves of individual members and that he had enquired for the ninth volume of — (an abbreviated title) during the preceding week and he discovered that the whole of that work would be found on the shelves of the Librarian at his own house.

On April 20th, 1801, Mr. William Lawrence was appointed Secretary, and on February 18th, 1802, the library rules were altered so that "a member shall be entitled to have in his possession one set of books at a time and he shall at the time of receiving them deposit in the hand of the librarian their full value. If the books are of octavo size or under, he shall return them within ten days and if they are above that size, in twenty days. On failure, he shall forfeit sixpence for every day he keeps them beyond the time allowed in case any other member has applied for them." The accounts of the Society were audited and presented at that meeting.

	£	s.	d.
Balance remaining from last audit	12	4	10
Received since last audit	16	18	6
Total	29	3	4
Expenses for books, candles, etc.	26	3	4
Balance in Treasurer's hands	3	0	0

On January 8th, 1805, control of the library was handed over to trustees consisting of Physicians and Surgeons of the Hospital in return for an annual grant of 15 guineas.

A complete copy of the revised rules of the Society in 1819 is available in the library. At this time: "Each ordinary member shall on admission pay one guinea and sign the Laws, a copy of which shall be presented to him with a catalogue of the books of the library on further payment of three shillings. An ordinary member being absent at roll call shall be fined one shilling. Each ordinary member to pay sixpence a week during the session of the Society towards defraying the expenses attendant on its meetings. Ordinary members shall in order of their election,

after the first year of admission, deliver to the Secretary a dissertation on some medical or philosophical subject under the Penalty of 10s. 6d." John Abernethy died in 1831 and on November 23rd, 1832, it was decided that "A society of the medical pupils of this Hospital be founded to be called the Abernethian Society and that the gentlemen present be enrolled as founders of the same". James Paget first attended the Society as a visitor on February 8th, 1935, and whilst still a student made his historical communication on the existence of trichinella spiralis which he had seen in a patient of Dr. Roupells who had died of phthisis. He was elected a member on February 27th, 1835. On October 30th, 1845, he gave an address to the Society to celebrate its fiftieth anniversary and was also able to attend the centenary anniversary on May 1st, 1895.

During this period from 1835 to 1895, the Society was attended mainly by students, but addressed by the staff of the Hospital. In his introductory address on October 12th, 1876, Dr. Gee said, "A medical society may be of two kinds. First there may be societies of men who are no longer students in the common sense of the word . . . and there may be societies of men who are still students, commonly so called, men whose business is not so much to discover new truth as to make themselves masters of the old. The Abernethian Society, whatever it may formerly have been, is now of the second kind rather than the first."

There is a report in the library of the Amalgamated Clubs of St. Bartholomew's Hospital for 1893-4. It states that the Society is composed of teachers and students of the Hospital, which meets in the Abernethian Room every Thursday evening at eight o'clock for the reading and discussion of papers on subjects of medical science or practice and for the exhibition of clinical cases and pathological specimens. The subscription was one guinea. Twenty-seven newspapers and periodicals which are listed were taken in the Abernethian Room. No smoking, refreshments, card playing or gambling was permitted. There was, in addition, a smoking room in which another nineteen newspapers and periodicals were available. Twenty-one medical papers were read to the Society that year, all by leading men in the Hospital including Sir Dyce Duckworth (Clinical aptitude), H. A. Bowlby (Mid-session address), A. E. Garrod (Cau-

sation of Rickets) and W. P. Herringham (Emphysema).

The practice at the moment is for guest speakers from outside the hospital to be invited to address the Society so that the type of speaker has changed since 1895. The transition seems to have been gradual, but an eminent non-Bart's man who addressed the Society on June 8th, 1922, was George Bernard Shaw on "The Advantages of being unregistered". Three-hundred members and 150 nurses were present. Mr. A. C. Visick was President and Mr. J. P. Hosford was Secretary. There were three sessional addresses, two debates, five clinical evenings, three discussions and six addresses held in that year so that the programme was of a

varied type. Although it might be desirable to have a more varied programme at the moment these are two factors which will help to maintain the popularity of external speakers at the meetings of the Society. The first is the increase in the number of compulsory lectures in the course, so that for relaxation the student will want to hear people and topics differing from those heard in his day to day teaching, and secondly there is an increasing interest in the advances in medicine taking place outside the hospital and particularly in those allied subjects which are contributing so much to medical knowledge, but which do not form part of the student teaching programme.

LETTERS TO THE EDITOR

Dear Sir,

The September issue of the Journal published a statistical analysis of student opinion on general practice which, although a little confusing, did seem to bring out the fact that about 50 per cent. of medical students a little less at Bart's, became general practitioners. It might be inferred also that eventually a large proportion of the remainder have their patients referred to them by General Practitioners with whom they need to co-operate. Therefore, it certainly is a sobering fact to realise that in 1958 none, not even those going into general practice, had spent a day observing or assisting a general practitioner. Fortunately since then a small proportion have done so and more seem to do so each year. There is no difficulty now in arranging for a student to be attached to a general practitioner in any kind of practice from one day up to three weeks if he so desires.

Interested students should apply to the sub-dean's office.

Yours truly,
T. O. McKANE,
Adviser in General Practice.

Dear Sir,

The Women's Guild has recently opened a flower shop, generously provided by the Governor's of the Hospital, at the entrance to the Colonnade.

Fresh flowers bought daily at Covent Garden will be on sale at prices competitive with the lowest quoted in the trade. In addition to the services of a trained florist, a rota of voluntary helpers is being organised which, when completed, will make it possible to keep the shop open continuously from 10 a.m. to 7 p.m. on week days, and from 2 p.m. to 4 p.m. on Sundays.

Flowers will be delivered anywhere in the hospital on the day on which an order is received. Wedding bouquets, corsages, buttonholes, etc., will be made to order.

The Guild sincerely hopes that the readers of the Journal will give this new project their full support.

BETTY TUBBS,
Chairman of the Executive Committee.

BOOK REVIEWS

A STUDENT'S GUIDE TO OBSTETRICS AND GYNAECOLOGY by Christopher Dewhurst. Published by Cassell. Price 16s. 225 pp.

This small book does not pretend to be a comprehensive textbook, but rather tries to present the basic facts in a simple and uncontroversial manner. In many ways the marked austerity of the contained matter mars the impression which should be left with the reader, since some small detail and discussion of the more uncertain points make the text more interesting and the subject matter less circumscribed.

Two-thirds of the book is devoted to Obstetrics and the remainder to Gynaecology. The first part is well considered and deals with the major issues of obstetrics fairly adequately. The brief space accorded to gynaecology gives hardly any opportunity to present sufficient for more than a brief outline of the more common disorders.

This book is well prepared of its kind, but cannot be recommended as more than an introduction to the subjects and to adopt it as a main text for the qualifying examinations would be courting disaster.

M.L.P.

THE SEARCHING MIND IN MEDICINE by William A. R. Thompson, M.D. 187 pp. Illus. 25 x 13. Published by Museum Press Ltd. 21s.

Dr. Thompson, who is well known as the editor of *The Practitioner*, has based this book on a series of expert talks given in the External Services of the B.B.C. The problems considered range from "Radiation and Man" to "Blood Groups and Anthropology", from "The Whys and Wherefores of Antibiotics" to "Hypnotism", and in preparing this volume Dr. Thompson has completely revised each section to include the most recent work.

The publisher's blurb says that the book is "Intended primarily for the general reader... is written in non-technical language..." and to a certain extent this is true, but even that elusive figure "the Intelligent Layman" would probably have to possess a copy of Dr. Thompson's other famous publication—Black's Medical Dictionary—if he was to get the most from this very interesting volume.

To those whose work lies in the field of medicine this book has much to offer. To the student it provides a fascinating glimpse of how new knowledge and techniques are being applied to some of the problems facing medical research at the moment. For the specialist it provides an excellent account of the latest work in fields other than his own.

Rapid progress in medicine, as in any other science, depends upon good communications, and good communications imply a knowledge not only of a specialist study, but also of the general pattern of research. As a step in this direction alone this book by Dr. Thompson can be warmly recommended.

A.J.B.M.

THE EYE IN GENERAL PRACTICE by C. R. S. Jackson. Published by Livingstone at 21s.

This book is excellent value, and ideal for students: the subject matter is clear and concise, and covers a wide range of subjects, without delving into obscure

matters. The illustrations are good; a few more would be welcome, though one can scarcely expect this in such a low priced book.

The short section on the welfare of the blind and the role of the National Health Ophthalmic Service should prove useful to those going into general practice. The chapters on "the eye in diseases of other parts" gives excellent and useful descriptions of important eye changes in common diseases—conditions which are but sketchily described in the shorter medical textbooks.

The only real criticism is that the author gives very little account of the aetiology of the various diseases; hence the reasons for the recommended treatments is far from obvious in many cases.

The book is beautifully produced and well printed (though, alas, on shiny paper). Altogether, it may be wholeheartedly recommended.

S.M.W.

AIDS TO HISTOLOGY by Geoffrey Bourne. 168 pp. 7th Edition. Bailliere, Tindall & Cox. 10s. 6d.

In his preface the author suggests that this book can be of value to beginners who feel the need of a simple introduction to the subject, and also to students revising for an examination. The latter claim can (with some reservations) be upheld. It would, however, be little short of disastrous if a newcomer to the subject got hold of the book before he had received a grounding in the subject. The illustrations are in most cases so crude as to give a completely false idea of the real nature of microscopic structure, and might well prevent the average student from ever satisfying his teachers with his laboratory drawings in Histology; it is rare for examiners to be satisfied if teachers are not.

On the other hand the borderline candidate may find that use of the book helpful for the final cramming prior to the examination, but in this direction, to paraphrase the late T. E. Lawrence, the book might be helpful to those who know enough histology not to need helping.

ANATOMY AND PHYSIOLOGY FOR RADIOGRAPHERS by C. K. Warrick. Edward Arnold 30s. 265 pp.

The ideal textbook should be a pleasure to read, comprehensive, to cover the whole subject adequately, and concise, avoiding unnecessary detail or wordiness.

This book is the nearest to the ideal textbook for student radiographers that I have yet seen. Its clear printing on good paper and excellent diagrams conveniently placed throughout the text make it easy to read. The text is lucid and is specially to be commended for avoiding technical terms and facts beyond the scope of a book for radiographers. The whole of the syllabus for the anatomy and physiology for the revised (1960) regulations for the M.S.R. examination appears to be covered in an encouragingly small space.

Without any hesitation this book can be bought and should be treasured. Its price is very reasonable. It is likely to become the "standard" textbook in its field, and the author and publishers are to be congratulated for its production.

D.H.T.

AN INTRODUCTION TO FUNCTIONAL HISTOLOGY by Geoffrey Bourne. 263 pp. J. & A. Churchill. 32s.

This is a first rate book. It deals with the cell as a functional unit in considerable detail. There is an excellent correlation between the results achieved by biochemical methods and the fine structure revealed by the electron microscopists. This is followed by a consideration of tissues, and finally the principle organ systems. In all these sections the stress is on the functional aspect.

In a book of this small size one does not expect the weight of structural details to be found in the larger works, but it seems a pity to devote less than four pages to a description of the ear, and yet to devote 32 pages to various technical methods, all of which can be found in several good "cookery books". The illustrations are of very varying quality. Many are excellent and some have not been surpassed in any text. On the other hand, some are of very poor quality, even in specimens where no technical difficulty can be pleaded in mitigation. It is also a pity that the fundamental error in the path of rays through the electron microscope should be repeated in Fig. 13 (the same Fig. appears in Ham's Textbook).

However, these are all rather minor points of criticism; this book should certainly be read by students reading for a degree in physiology or biochemistry. All second M.B. students who feel a special interest in the subject should certainly read it; and it ought to be familiar to recently qualified men who are embarking on a career in pathology.

SYNOPSIS OF PATHOLOGY by W. A. D. Anderson. Published by Henry Kimpton. pp. 876 with index. 70s.

The new edition of 'Synopsis of Pathology' need offer no apology for coming out only three years after the fourth and for being of a similar general pattern. The changes in content are unobtrusive, largely because of the basic soundness of the original plan. The new edition has grafted recent developments on to the body of previous knowledge with enviable clarity and discernment.

A small and concise book often suffers from the stigma of being suitable for cramming, rather than intelligent study.

Though this book cannot be bettered for final revision—when it can be read in two days—one may also use it as a standard textbook during a pathology course. What this book loses through brevity it gains in many other ways. It is not cluttered up with footnotes, 'small type' and an excess of cross-references. And the index has not a single one of those infuriating entries, so common in some books, which refer to other items rather than give page numbers. The typography, format and illustrations are excellent. Only a purist (such as I) would wish for magnifications of microphotographs to be stated; and for something better than occasional scales in other photographs which cryptically state 'metric'.

There are many books which can be published only through simultaneous distribution both sides of the Atlantic and one is suitably tolerant of the idiosyncracies of the other party. So the fact that the

bibliography of this book is related entirely to the American literature is understandable and is a small price to pay for such an admirable import. But the next edition would be even more valuable if it were to include some references for those who have access only to the popular British journals. I wonder how many medical students read original papers anyway.

Be that as it may, they will find no better *vademecum* for pathology and morbid histology than the new edition of 'Synopsis of Pathology'.

C.W.

AIDS TO PSYCHIATRY (8th Edition) by E. W. Anderson, M.D., M.Sc., F.R.C.P. (cond), D.P.M., W. S. Dawson, M.A., D.M., F.R.C.P. (cond), F.R.A.C.P., D.P.M. Published by Baillière, Tindall & Cox.

In the preface to this extremely revised new edition, the author apologises for the dogmatic presentation which he says the character of the book demands.

Unfortunately, psychiatry lends itself less readily than other branches of medicine to being condensed into a short factual precis.

Newcomers to the subject will be submerged in a mass of undeveloped ideas and innumerable definitions too confusing to be assimilated.

Those already acquainted with the subject may find this volume to be a useful catalogue of conditions met in psychiatry, and a mine of psychologicopsychiatric terms, carefully defined (in psychologicopsychiatric terms!).

H.W.

HEALTH AND HORMONES

This is a competent and entertaining do-it-yourself sex and gland book. Although it can be recommended for the intelligent and educated adult lay-public, no dormitory should be without it. I say chaps, have you counted your chromosomes lately!

A. G. S.

CLINICAL ANATOMY

The student of to-day has a great deal more to learn than ever before: the vast subject of anatomy has to be crammed into a short period of learning, so that it is difficult, if not impossible for the facts which will be all important during the clinical training to be appreciated and grasped. Ellis has produced a book which stresses clinical application in anatomy. This must be of value during the preclinical period as a guide to those points which they must retain. During the clinical years anatomy is too easily forgotten. The large books are too large for quick reference, the smaller books are too topographical with little, if any, clinical application, so that the whole important subject is side-tracked by the student. This book fills a real need in the students' preclinical and particularly clinical years of study: in the post-graduate days it would serve as an easy and practical reference book. Such books are difficult to write for the errors of omission surmount those of commission: it is easy to pick out part or parts which are inadequately covered, but there are few such parts in this book, which is practical, well balanced and, above all, easily read.

J. O. R.

SPORTS NEWS

Viewpoint

The Students' Union has recently undergone a period of re-organisation, which it is hoped will render it better suited to its member's needs and easier to run. One of the more important functions of the Union is the allocation of funds to the various sporting clubs, and it is here proposed to deal with a few problems which arise from the differing attitudes of the members as to how this should be done.

In the past, every time that grants have been allocated, there have been complaints, firstly of not enough money all round; secondly by rival clubs of unfairness; and thirdly by the non-sporting section of the community. The second of these should be obviated by the new system, based chiefly on the numbers in the club, but there is no obvious answer to the first and third problems.

Those who think that their sport should be heavily subsidised must realise that it is an extra-curricular activity, and those who enjoy it must expect to bear the cost. The Union helps as best it can and excellent facilities are provided for everyone to use, but costs are heavy and funds are not inexhaustible. In spite of this, the Union is extremely

generous and substantial allowances are made to teams going on tour, taking the view that in this way the good name of the Hospital is spread abroad.

Apart from welcome donations and dances (which have recently been restricted to one a month), there are few ways in which a club can augment its income. Whist drives are "out", but what about a series of draws and raffles, things that can be easily organised? And let us not forget the possibility of installing a "one armed bandit" down at Foxbury.

Finally, it is wrong to expect those who do not play games to subsidise the activities of those who do, and it would be a happier proposition all round if the non-sportsman was allowed a rebate, as he will certainly be indulging in one or more of the non-sporting extra curricular activities which are also run by the Students' Union and which also incur a certain expenditure.

In so little space as this, it is difficult to put forward arguments without exaggeration, and many of the issues raised here are not so clear cut as they would, seem, at first. The sentiments, however, are there and in so rigidly controlled and highly competitive a community as Bart's, there is indeed room for tolerance.

Rugby Club

Sat., Dec. 17th

1st XV v. K.C.S.O.B. Lost 0-11.

K.S.C.O.B. beat Bart's by a goal, a try and a dropped goal to nil. The Hospital lost right wing C. J. Richards after ten minutes, but the seven forwards managed to hold their own in the tight. Poor covering let in two K.C.S. scores both of which followed good handling movements between forwards and backs. One of the tries was converted. After the oranges a dropped goal from the opposing stand-off completed the scoring. For Bart's, G. J. Halls and R. V. Jeffreys came close to scoring and A. T. Letchworth produced some characteristic serpentine runs

but the Old Boys' defence remained unruffled.

Team. Ross, C. J. Richards, Letchworth, Niven, Jeffreys, Bamford, Peek, Hamilton, Gurry, Knox, Doran, Orr, R. P. Davies, Jennings, Halls.

Sat., Jan. 14th

1st XV v. Taunton. Lost 0-11.

Taunton beat Bart's by a goal, a try and a penalty goal to nil, all points being scored in the opening twenty minutes. Close inter-passing at speed between the opposition forwards and backs exposed gross inadequacies in the Hospital defence and was

responsible for both Taunton tries. However, after half-time, Bart's came into their own and several promising moves were marred only by poor finishing, over-eagerness close to the line seemingly the main fault. R. P. Davies was always prominent in the loose, whilst outside the neat hands of R. R. Davies and the bullock-like charges of J. E. Stevens brought appreciative comment.

Team. Ross, Stevens, Britz, Niven, Jeffreys, R. R. Davies, Chesney, Hamilton, Gurry, Knox, Orr, Smart, R. P. Davies, Jennings, Goodall.

Sat., Jan. 21st

1st XV v. Cheltenham. Lost 0-13.

In contrast to the previous week, when all the scoring came at the beginning, Cheltenham crossed the Hospital line three times in the last quarter of an hour—two tries being converted. The powerful Smart was absent from the Bart's pack, but his substitute B. R. H. Doran had a fine game. Cheltenham had the better of the first half when the Bart's defence, with A. P. Ross outstanding, was at full stretch. After the interval, M. C. Jennings and R. P. Davies led many dangerous forward rushes, but Cheltenham opened the scoring when an opposing centre dashed through to touch down under the posts. Shortly afterwards, a wing-forward dribbled over and just on no-side a quick heel resulted in the right-wing scoring.

Team. Ross, Stevens, Britz, Niven, Jeffreys, R. R. Davies, Peek, Hamilton, Gurry, Knox, Orr, Doran, R. P. Davies, Jennings, Goodall.

Sat., Jan. 7th

1st XV v. Notts. Lost 3-6.

Notts won this morning game by a dropped goal and a try to a try. In the early stages, the Hospital with a liberal supply of the ball did much of the attacking, but gradually Notts came into their own and their outsiders looked dangerous on several occasions. Their stand-off eventually gave them the lead with a neat drop-goal close to half-time. After the interval, Bart's hit back and P. A. R. Niven crossed near the posts after R. V. Jeffreys had come into the line and thus contrived a gap. To complete the scoring an elusive Notts centre gathered a grub-kick at speed and touched down by the posts.

Barts fought to make up the deficit, but the Notts defence held strong.

Team. Ross, Stevens, Britz, Niven, Jeffreys, R. R. Davies, Peek, Hamilton, Jennings, Knox, Orr, Smart, R. P. Davies, Cripps, Goodall.

Sat., Dec. 31st

1st XV. v. Old Rutlishians. Lost 3-12.

The excesses of Christmas barely over and the fruits of Hogmanay as then unskinned, Bart's went down by two tries and two penalty goals to a try against the Old Rutlishians.

In the early phases, exchanges were even, although J. K. Bamford caused the opposing back row much consternation. However, the Old Boys took the lead with a penalty goal and a try before the interval. After this, Bart's besieged the Rutlishians' line for over twenty minutes, but only one try resulted, scored in the corner by R. V. Jeffreys, although Bamford and M. Britz went close. The opposition defence proved all too competent and in the last ten minutes the siege was raised when the Old Boys kicked a second penalty goal and then one of their fast wings raced seventy yards past deficient covering to complete the scoring.

Team. Ross, Burbridge, Britz, Niven, Jeffreys, Bamford, Peek, Hamilton, Jennings, Knox, Orr, Smart, R. P. Davies, Cripps, G. J. Halls.

Soccer Club

Sat., Jan. 13th at Chislehurst.

Bart's 0 Old Chigwellians 1.

This game was as even as the score suggests. The one goal that eventually decided the game was scored in the last ten minutes, and was the direct result of a defensive error on our part. P. Savage, D. Prosser and M. Hudson defended resolutely throughout, and at forward E. Manson made some good openings. However, the forwards were their usual "goal-shy" selves, and in order to win in the future, this fault must be corrected.

Team. J. Sawyer (Capt.), P. Stanley, D. Prosser, H. Beecham, P. Savage, M. Hudson, E. Manson, M. Williams, H. Phillips, R. Choonoo, N. Davies.

Sat., Jan. 7th at Chislehurst.

Bart's 3 City of London College 4.

Once again we had a very enjoyable game against this team, and once again they proved to be just a little too good for us, despite their age. The Hospital were somewhat handicapped by having only eight men from the Bart's. The remaining three players were donated by the opposition. Indeed, a sorry state of affairs! The scorers for the Hospital were Prosser 2 and Phillips 1.

Team. N. Jones, H. Beecham, Andan, D. Delaney, P. Savage, M. Hudson, D. Prosser, H. Phillips.

Wed., Jan. 18th

Bart's 1 Chartered Accountants Society 8.

This really was defeat! The opposition fielded a team that had no weak links whatsoever. The football they played was far superior to that shown by the Hospital.

Bart's were 4-1 down at half time. However, for two-thirds of the second half the Chartered Accountants were fended off. Unfortunately, in the last quarter of an hour they put four more goals past J. Jailler, who had no chance of saving any of them.

Within two or three minutes of time, D. Prosser scored a consolation goal for Bart's.

Team. J. Jailler, T. Herbert, A. Howes, M. Hudson, P. Savage, D. Delaney, E. Manson, H. Phillips, D. Prosser, M. Waterworth, N. Davies.

Wed., Jan. 25th at Chislehurst.

Bart's 2 Royal Vet. College 1.

The Hospital achieved a long-awaited victory in this game. For the first time since October, the forward line played together as a unit and made many scoring opportunities. The opposition scored first, but Bart's replied within minutes through D. Prosser. The same player scored the winning goal just before half-time. The team managed to hold this advantage to the end. Manson increased the score, but the referee, standing on the half-way line, adjudged that the ball had not in fact gone over the goal line.

Team. J. Spivey, T. Herbert, A. Howes, P. Savage, B. Hore, M. Hudson, E. Manson, H. Phillips, D. Prosser, M. Waterworth, N. Davies.

Wed., Jan. 1st

Bart's 1 v. Royal Naval College,
Greenwich 4.

Bart's had lost narrowly to a strong Naval College side earlier in the season. This time our defence played well but our weakness lay in the poor finishing. Orr distinguished himself in goal and Savage and Delaney were prominent with their able covering and sure tackling. Waterworth worked hard at inside forward and was rewarded with a fine goal to even the scores before half-time. However, a fifteen minute lapse late in the game proved irretrievable.

Team. Orr, Howes, Herbert, Beecham, Savage, Delaney, Chant, Waterworth, Jailler, Prosser, Davies.

Ladies' Hockey Club**Sat., Jan. 14th at Chislehurst.**

Match v. Atalanta 2B XI.

Lost 5-7.

This was our first match for seven weeks and therefore the team was not as fit as it might have been! Bart's had difficulty raising a team, owing to the absence and loss of some defence, but the opposition goalkeeper did not arrive and the result was a most enjoyable and well-balanced game. Bart's forwards played well, and in the first half we led 2-0. In the second half Atalanta quickly made up the deficit and went into the lead, after which it was a continued battle, each side scoring alternately. Fitness told in the end, and Atalanta were the deserving victors.

Goals: R. Hall (2), S. Minns (2), R. Walters (1).

Team. C. Lloyd, J. Thoroughgood, C. Foot, M. Childe, J. Evans, A. Coates, A. Callaghan, R. Hall, R. Walters, S. Minns, P. Kumar.

Sports Calendar

March 2nd — A.F.C. v Balliol College, Oxford (A)
 3rd — A.F.C. v St. Peter's Hall (A)
 4th — R.U.F.C. v Streatham (H)
 Hockey v Middlesex Hospital (H)
 Ladies Hockey v University College
 5th — Hockey v Bandits
 8th — Ladies Hockey v Royal Free Hosp. (A)
 Lacrosse v Goldsmiths
 11th — R.U.F.C. v Aldershot Services (A)

March 11th A.F.C. v R.A.F. Technical College (H)
 Hockey v Oxted (H)
 Lacrosse; London University Tournament
 15th — A.F.C. v Charing Cross Hospital (A)
 18th — R.U.F.C. v Stroud (A)
 A.F.C. v Accidentals (H)
 Hockey v Kings College Hosp. (A)
 Ladies Hockey v Lensbury (A)
 25th — R.U.F.C. v Treorchy (A)
 A.F.C. v Swiss Merchantile College (H)
 27th — R.U.F.C. v Glynneath (A)

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RENAL TRANSPLANTATION

(With apologies to Sir Philip Sidney—
He wrote of the heart; but why not the kidney?)

My true twin hath my reins, and I have his,
By just exchange, the one to the other given—
He hath my reins: his own he cannot miss—
There never was a better bargain driven.

He from my loins his failing strength renews,
I to his progress gladly give free rein:
His life is saved, and mine I cannot lose—
Twin souls, and both of a like kidney, we
remain.

His reins renounced in spirit I retain,
Mine he hath stol'n by neat chirurgic craft:
I grant consent to that which he hath ta'en—
There never was a less dishonest piece of graft.

My true twin hath my reins, and I have his.
R. B. P.

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